

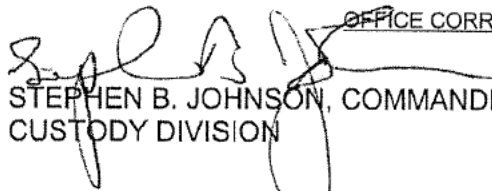
COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

A Tradition of Service

DATE: June 3, 2013

FILE NO:

OFFICE CORRESPONDENCE

FROM:  **STEPHEN B. JOHNSON, COMMANDER**
CUSTODY DIVISION

TO: ALICIA E. AULT, CAPTAIN
INTERNAL AFFAIRS BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS:

Case Number: SH2316886
Incident: Non-Hit Shooting
Incident Date: July 22, 2012
Unit: Operation Safe Streets Bureau
Suspect: Unknown
Involved Employees: Deputy Damian Marquez, # [REDACTED]
Deputy [REDACTED]
EFRC Date: May 23, 2013

The Executive Force Review Committee (EFRC) consisting of Commanders Stephen Johnson, Bobby Denham, and Ralph Webb met and reviewed the above case.

FORCE POLICY RELATING TO INCIDENT:

Law Enforcement officers may use deadly force in self-defense or in the defense of others, only when they reasonably believe death or serious physical injury is about to be inflicted upon themselves or others.

FINDINGS:

Deputies working a gang suppression car heard multiple gunshots in the area of Vermont and 95th Street, Los Angeles. The deputies proceeded south on Vermont Street when they saw a white Jeep Cherokee exit a side street in front of them and travelling at a high rate of speed. Believing this vehicle might be involved with the gunshots heard, the deputies activated their emergency lights to conduct a traffic stop. The vehicle immediately pulled to the side of the road.

As the deputies came to a stop, the suspect vehicle accelerated to the corner, turned the corner, and then immediately stopped. The deputies stopped approximately 45 feet behind the suspect vehicle and as the driver deputy placed the car in park, he saw the left rear passenger exit the suspect vehicle and point a handgun at him. The passenger deputy, fearing for himself and his partner, exited the patrol car and fired several rounds at the suspect. The suspect fell to the ground and the handgun flew out of his hand.

After the armed suspect fell to the ground, a second person exited the suspect vehicle and was held at gunpoint by the deputies. As the second person was being held at gunpoint, the first suspect suddenly jumped up and ran out of view. Both deputies stayed with the remaining occupants of the suspect vehicle and did not pursue the first suspect.

The EFRC determined the force used against the armed suspect was reasonable, necessary, and justified. The EFRC also determined the tactics used were within Department policy.

RECOMMENDATIONS:

The EFRC recommended the unit commander, Captain Robert M. Rifkin, conduct a tactical debriefing with all involved personnel regarding the unique circumstances of this incident. The tactical debriefing is to include the importance of putting out a radio broadcast in a timely fashion regarding conducting a traffic stop on a possible armed suspect/drive-by shooting vehicle, and the importance of shooting in two to three round bursts.

SBJ:JER:jer

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IAB # SH2316886

OFFICER INVOLVED SHOOTING REPORT

INVESTIGATIVE SUMMARY

INVOLVED DEPUTY INTERVIEWS

Deputy Marquez

Detective [REDACTED]

EXHIBITS

- A** - Incident Report and Supplemental Report under file# 912-06273-0370-051.
- B** - Supplemental Reports by Deputies Marquez & [REDACTED]
- C** - Supplemental Reports regarding evidence collection and crime scene diagram by Scientific Services Bureau.
- D** - Crime scene diagrams utilized by Deputies Marquez & [REDACTED] during their IAB interviews.
- E** - CD containing audio recorded interviews of suspects [REDACTED] [REDACTED] [REDACTED] & [REDACTED] Audio recording of emergency radio traffic broadcast.
Transcription of emergency radio traffic broadcast.

MISCELLANEOUS DOCUMENTS

- * Force/Shooting Admonition Form for Deputies Marquez & [REDACTED]
- * Receipt for documents given to Green & Shinee.
- * Shift In - Services for OSS crews
- * Unit Details for Unit OSSG10 (Marquez & [REDACTED])

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 07-22-12		Bureau/Station/Facility: South Los Angeles Station		Admin. Invest? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: 912-06273-0370-051		Date: 07-22-12		Time: 2154 hours	
City or Station: South Los Angeles Station		Nature of Incident: (see narrative)			
Location: Baring Cross St. / Century Bl., Los Angeles					
Location Type (circle one or more): Backyard Beach Business Freeway Industrial Park Parking Lot Residence Rural School <u>Street</u> Other: _____	Lighting (circle only one): Darkness Daylight Other <u>Street Lights</u>	Incident Type (circle one or more): Accidental <u>Armed Person</u> <u>Fleeing Suspect</u> Foot Pursuit Gun Take Away Moving Vehicle Sniper/Ambush Stun Gun Struggle Involved Traffic Stop Unarmed Person Unintentional Vehicle Pursuit Warrant Service Warning Shot Other: _____		Initiated by (circle only one): Arrest Warrant Call <u>Observation</u> One Person Unit Other Search Warrant <u>Two Person Unit</u>	
	Weather (circle only one): <u>Clear</u> Cloudy Fog Rain			Prior Activity (circle only one): Detective Inmate Transport Other <u>Routine Patrol</u>	
	Distance: 45'				
	Total # of Shots Fired by Deputy 7			Total # of Shots Fired by Suspect Unknown	Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input checked="" type="checkbox"/>
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM <u>PM</u> Day	ShiftType (circle only one): <u>Regular</u> Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (circle only one): EM PM Day	ShiftType (circle only one): Regular Overtime Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
(None)					
Street Address		City		Zip Code Work Ph Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Zip Code Work Ph Home Ph	
Last Name		First Name		M.I.	
Street Address		City		Zip Code Work Ph Home Ph	
Supervisors					
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u>	Witness to shooting Involved in shooting
	Hayes	Patrick		Present during shooting	
Employee #	Last Name	First Name	M.I.	(circle one or more): <u>On Duty</u>	Witness to shooting Involved in shooting
				Present during shooting	
Watch Sergeant					
Employee #	Last Name		First Name	M.I.	
	N/A				
Watch Commander					
Employee #	Last Name		First Name	M.I.	
	Lawrence		Robert		

PSTD Use Only	
SH # _____	

Rollout Information

Arrival Date	07-23-12	Arrival Time	0050 hours	Date Submitted		Date of Recommendation	
Employee #	[REDACTED]	Last Name	Denison	First Name	Trent		M.I.
Employee #	[REDACTED]	Last Name	Allen	First Name	Victor		M.I.
Employee #	[REDACTED]	Last Name	Libertone	First Name	Patrick		M.I.
Shooting / Force Information							

Shooting / Force Information

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sling Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(IV)	Iver Johnson	(RI)	RGI
(BN)	Benelli	(JE)	Jennings	(RO)	Rossi
(BR)	Beretta	(LO)	Lorcin	(SW)	Smith & Wesson
(BV)	Browning	(LU)	Luger	(SR)	Sturm Ruger
(CH)	Charter Arms	(MA)	Marlin	(ST)	Sterling
(CO)	Colt	(MO)	Mossberg	(TA)	Taurus
(DA)	Davis Industries	(NC)	NCI aka SKS	(WE)	Weatherby
(GL)	Glock	(NA)	North American	(WN)	Winchester
(HA)	Harrington & Richardson	(NO)	Norinco	(US)	US Government
(HI)	Hi Standard	(RA)	Raven	(YY)	Handmade (Inmate)
(HK)	H & K	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(IT)	Ithica	(RG)	RG	(ZZ)	Other Brand

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)

[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee

E 1	Employee #	Last Name Marquez	First Name Damian	M.I.
	Sex: M	Race: H	Rank: B-1	Unit Assignment: OSS
	Work Assignment (Unit #, Module, etc.): OSS G-10			
	ShiftTime (circle only one): EM <input type="radio"/> PM <input type="radio"/> Day		ShiftType (circle only one): Regular <input type="radio"/> Overtime <input type="radio"/> Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input checked="" type="checkbox"/>			
	Hrs of sleep prior to shooting: 8		Duty Time (hrs):	
	Age: 5' 11"		Weight: 220lbs	
	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/>		Other Factors:	
	Plain Clothes w/ Vest <input type="checkbox"/>		Uniform no Vest <input type="checkbox"/>	
	Raid Jacket no Vest <input type="checkbox"/>		Uniform w/ Vest <input type="checkbox"/>	
	Range Qualification Date: 01-04-12		PPC Qualification Date: 08-2010	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand: Beretta		Caliber: 9mm	
	# Shots: 7		Weapons Fired Brand:	
	Caliber:		# Shots:	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

E	Employee #	Last Name	First Name	M.I.
	Sex:	Race:	Rank:	Unit Assignment:
	Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): EM <input type="radio"/> PM <input type="radio"/> Day		ShiftType (circle only one): Regular <input type="radio"/> Overtime <input type="radio"/> Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):	
	Age:		Height:	
	Weight:			
	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/>		Other Factors:	
	Plain Clothes w/ Vest <input type="checkbox"/>		Uniform no Vest <input type="checkbox"/>	
	Raid Jacket no Vest <input type="checkbox"/>		Uniform w/ Vest <input type="checkbox"/>	
	Range Qualification Date:		PPC Qualification Date:	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:	
	# Shots:		Weapons Fired Brand:	
	Caliber:		# Shots:	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

E	Employee #	Last Name	First Name	M.I.
	Sex:	Race:	Rank:	Unit Assignment:
	Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): EM <input type="radio"/> PM <input type="radio"/> Day		ShiftType (circle only one): Regular <input type="radio"/> Overtime <input type="radio"/> Off Duty	
	Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:	
	Hospital Admission? <input type="checkbox"/>		Hospital Name:	
	Coroner Case? <input type="checkbox"/>		Coroner Case #	
	Interviewed? <input type="checkbox"/>			
	Hrs of sleep prior to shooting:		Duty Time (hrs):	
	Age:		Height:	
	Weight:			
	Clothing (circle only one): Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input checked="" type="checkbox"/>		Other Factors:	
	Plain Clothes w/ Vest <input type="checkbox"/>		Uniform no Vest <input type="checkbox"/>	
	Raid Jacket no Vest <input type="checkbox"/>		Uniform w/ Vest <input type="checkbox"/>	
	Range Qualification Date:		PPC Qualification Date:	
	Laser Training Date:			
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>	
	Certification Unit:		Prior Shootings? <input type="checkbox"/>	
	Number of Prior Shootings:		Directed Force: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:	
	# Shots:		Weapons Fired Brand:	
	Caliber:		# Shots:	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	
	Field Training Officer Emp #		Last Name	
	First Name		M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information

S <u>1</u>	Last Name		Unknown - Not in custody		First Name		M.I.		
	AKA Last Name				First Name		M.I.		
Sex: M		Race: Black		Street Address:		City		State & Zip Code:	
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age: 20's		D.O.B.:		Height: 5'05"		Weight:		FBI #	
Booking #		Primary Charge:		664/187 P.C.		Secondary Charge:			
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input checked="" type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make		Jeep		Model:		Grand Cherokee		Year: 1994	
S <u> </u>	Last Name				First Name		M.I.		
	AKA Last Name				First Name		M.I.		
Sex:		Race:		Street Address:		City		State & Zip Code:	
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age:		D.O.B.:		Height:		Weight:		FBI #	
Booking #		Primary Charge:		Secondary Charge:					
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make				Model:				Year:	
S <u> </u>	Last Name				First Name		M.I.		
	AKA Last Name				First Name		M.I.		
Sex:		Race:		Street Address:		City		State & Zip Code:	
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age:		D.O.B.:		Height:		Weight:		FBI #	
Booking #		Primary Charge:		Secondary Charge:					
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make				Model:				Year:	
S <u> </u>	Last Name				First Name		M.I.		
	AKA Last Name				First Name		M.I.		
Sex:		Race:		Street Address:		City		State & Zip Code:	
Work Phone:		Home Phone:		Social Security #:		Driver's License #:			
Age:		D.O.B.:		Height:		Weight:		FBI #	
Booking #		Primary Charge:		Secondary Charge:					
Coroner Case? <input type="checkbox"/>		Coroner Case #		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
Armed? <input type="checkbox"/>		Apprehended? <input type="checkbox"/>		Mental Illness? <input type="checkbox"/>		Criminal History? <input type="checkbox"/>			
Vehicle Make				Model:				Year:	